STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL051008 08/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 998 FIVE POINT ROAD MCLAMB'S REST HOME #2 BENSON, NC 27504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell on August 10, 2016. This facility was first licensed as a Home for the Aged serving 12 residents on May 1, 1982. Therefore the facility was surveyed for conformance with the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and, Revision 2 of the 1977 North Carolina State Building Code(s) for Institutional Occupancy. Deficiencies were noted which will require a plan of correction. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors: (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Bedroom 5 has furniture with handles loose/missing on the drawers. b) Bedroom 4 has furniture with handles loose/missing on the drawers.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL051008	B. WING		08/	10/2016	
	PROVIDER OR SUPPLIER 3'S REST HOME #2	998 FIVE	DORESS, CITY, S POINT ROAL , NC 27504	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 166	Continued From pa	ge 1	C 166				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND					
	were not maintaine	vation, the facility windows d free from hazards by having could expose residents to a					
	Findings include:						
	a) In Bedroom 1 th is broken.	oken in the following locations: e glass in one of the windows e glass in one of the windows					
C 183	Fire Extinguishers		C 183				
	(a) At least one five A-B-C type fire extinuition 2,500 square feet of (b) One five pound or CO/2 type is requapplicable, in the management of the control o	08 FIRE EXTINGUISHERS e pound or larger (net charge) nguisher is required for each f floor area or fraction thereof. or larger (net charge) A-B-C uired in the kitchen and, where aintenance shop.					
	This Rule is not me 1. Based on observ	et as evidenced by: vation, the building fire					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL051008	B. WING		08/1	0/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MCLAME	3'S REST HOME #2		POINT ROAI NC 27504	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 183	protection equipment the facility safe. The not having fire protection an emergence in an emergence in the inspection tags indicate that routine being performed perfo	nt was not maintained to keep is would affect all residents by ection equipment operable for cy. on the fire extinguishers monthly inspections are not	C 183			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in a safe the fire-resistance r	ation, the building was not e manner by not maintaining ating of building components. I residents by not containing se room or smoke				
	penetrations by wire b. On the left end of rated exhaust fan e	f the attic a fire-resistance				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL051008	B. WING		08/1	0/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/1	0/2010
			POINT ROAL			
WCLAME	B'S REST HOME #2	BENSON,	NC 27504			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	rated exhaust fan e	of the attic a fire-resistance enclosure has been ervice an exhaust fan.				
		vation, the facility components d operable by having doors				
	Findings include:					
	a) Bedroom 4 door wedge.	is being held open by a				
	signage was not ma	vation, the building exit aintained in a safe manner. I residents by not keeping the mergency.				
	Findings include:					
	battery backup, b) Exit sign at left E	Exit door not working on Exit door is not illuminating on does not work on battery				
	and cooling system	vation, the heating, ventilation is not maintained safe. This dents by the air circulation the corridor.				
	Findings include:					
	half of the building. bedrooms and the of the corridor making plenum. There were circulating fans upo	ems are installed, one for each The supply air is ducted to central returns are located in the corridor a return air e no provisions to stop the air on the detection of smoke, ases the chances that the				

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NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
MCLAME	B'S REST HOME #2		POINT ROAI NC 27504	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	corridor will become emergency.	e filled with smoke during an				
C 199	Exhaust Ventilation		C 199			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include: a) The exhaust fan in the corridor bathroom near room 7 is not working. b) The backdraft damper on the dryer exhaust duct is broken.					

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